											Am	endment		
Disclosu	re Repo	ort C	over									Yes	$\boxtimes$	No
				•	 		•	•	•	 			 	

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use	this	form	to undate	information
DO HOL USO	11110	LULIA	io upuaio	muomianon

1. Committee Inform	nation				
a. Full Name	1. 75. 77		<del>.</del>		c. ID Number
ELECT DENNIS RA	APE				DR6216
	nde City, State and Zip Code)		ECEN	ÆD.	d. Date Filed
1417 CROWN FOR MONROE, NC 281			OCT 3 1 20		10/31/2016
11101111011,110 201			001 0 1 20	910	e. Phone Number
		Unio	n Co. Board of E	lections	980-721-2917
2, Report Year	3. Period Start Date (mm/d	d/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer Full	
2016	07/01/16	10/	/23/16	JAMES DENNIS	RAPE
6. Type of Committee	e (Check One)	9. Type of Report	(check or	ily one type of report	from one category)
Candidate Campai	ign Party	Municipal	State/C	County	Referendum
PAC	Referendum	Organizational		Organizational	Organizational
Independent Expenditure	Joint Fundraiser	Thirty-five day	y	Quarterly	Pre-referendum
Legal Expense Fu	nd				1
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final
Booster Fund"		Pre-election		Second	Supplemental Final
Building Fund		Pre-runoff	$\boxtimes$	Third	Annual
		Semi-annual		Fourth	Special
		Mid Yea	r	Semi-annual	
Other:		Year End	·   🗆	Mid Year	10. Special Report Name
		Final		Year End	
8. Number of Fundr	aisers this Report	Special Special		Final	
				Special	
11. Account Informa	ation		11. Account	Information	
a. Financial Institution F	ull Name		a. Financial Ins	titution Full Name	
FIFTH THIRD BAN	TK .		FIFTH THIR	RD BANK	
b. Purpose	c. Account Code		b. Purpose		c. Account Code
CAMPAIGN	1		CAMPAIGN	1	A
FINANCE			ACCOUNT		
	d. Period Begin Balance				d. Period Begin Balance
	\$ 150.00				\$ 369.26
CERTIFICATION					
I certify that the Com	mittee or Fund is in compli	ance with all applica	ble provisions	of Article 22A, 22B	, & 22D-22M of Chapter 163 of
					. I further certify that this report
	correct and that I have been	trained by the MC	. //	11/	
JAMES DE		(f		<del>///</del>	10/31/16
EOD OPEROD HOD O	Printed Name of Signer	/ 8	ignature of Appoin	ited Treasurer /	Date
FOR OFFICE USE OF	10/21/00/	•	1/1	\_	Delivery Method
Date Received:	10/31/2010	D Employee:	Ktau	unul	Normal Mail
Date Postmarked	: N/A	Employee:		a-co-communication	Registered Mail Hand Delivered
Date Scanned:		Employee:		· · · · · · · · · · · · · · · · · · ·	☐ Electronically Filed ☐ Signer has not received
Date Data Entere	d:	Employee:		AMORIO-DOTA MILITARIA	mandatory training
Please Note: This		end committee informat			ess, treasurer, assistant treasurer,
	You must amend the Stater		_		tee changes.

CRO-1000 NC State Board of Elections August 2008

Amendment  $\boxtimes$ Yes No

**Detailed Summary**Use this form to summarize all disclosure reporting forms and to total monetary information.

ELECT DENNIS RAPE  10/23/16 THIRD QUARTER REPORT  Start of Election Cycle: January 1, 2016  Total this Total t	
Start of Election Cycle: January 1 2016 Total this Total this	
Reporting Period Election Cycl	<u> </u>
4) Cash on Hand at Start \$ 150.00 \$ 150.00 RECEIPTS	
5) Aggregated Contributions from Individuals (CRO-1205) \$ \$	
6) Contributions from Individuals (CRO-1210) \$ 5,250.00 \$ 5,250.00	
7) Contributions from Political Party Committees (CRO-1220) \$	
8) Contributions from Other Political Committees (CRO-1230) \$	<del></del> .
9) Loan Proceeds (CRO-1410) \$ 12725.00 \$ 12,725.00	
10) Refunds/Reimbursements To the Committee   (CRO-1240)   \$   11) Other Receipt Sources	
11a) Interest on Bank Accounts (CRO-1250) \$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250) \$	
11d) Legal Expense Fund - Other Sources (CRO-1270) \$ \$	
11 e) Exempt Purchase Price Sales (CRO-1265) \$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) \$ 18,125.00 \$ 18,125.00	
EXPENDITURES  13) Disbursements	
13a) Operating Expenditures (CRO-1310) \$ 17,525.74 \$ 17,525.74	(F) (F) (F)
13c) Coordinated Party Expenditures (CRO-1310) \$ \$	
14) Aggregated Non-Media Expenditures RECEIVE (CRO-1315) \$ \$ 15) Loan Repayments CCT 3 1 2016 (CRO-1420) \$ \$	
15) Loan Repayments UC   3   2016 (CRO-1420) \$ \$	
16) Refunds/Reimbursements From the Gommittee (CRO-1320) \$ \$  17) In-Kind Contributions (CRO-1510) \$ \$	
17) In-Kind Contributions (CRO-1510) \$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ 17,775.74 \$ 17,775.74	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) \$ 349.26 \$ 349.26	
<u>ADDITIONAL INFORMATION</u>	
20) Non-Monetary Gifts Given to Other Committees (CRO-1330) \$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) \$ 12875.00	
22) Debts and Obligations owed By the Committee (CRO-1610) \$	
23) Debts and Obligations owed To the Committee (CRO-1620) \$	
24) Account Transfers Within the Committee (CRO-1720) \$	
25) Administrative Support (CRO-1710) \$	
26) Forgiven Loans (CRO-1440) \$ \$	
27) 48-Hour Notice Reports Sum (CRO-2200) \$ 0.00 \$ 0.00	
28) Contributions to be Refunded (CRO-1215) \$ \$	

Con	tuikut	tiona	from	Indi	vidua	la
Con	tribui	HOUS	110111	HHUI	viuua	IS

						Amen	dment		
Contributions from Individuals		Pg	1	of	4_		Yes	$\boxtimes$	No
	 		A=0 100	~~~	10051				

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1, Committee Full Name (and Fund if applicable) 2. ID Number **Elect Dennis** DR6216 Rape Ø Add 3. Contributor Information Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments PRES, SUMMERFIELD TIRE (include city, state, & zip) Gary A. Summerfield, Sr. c. Employer's Name/Specific Field 2706 Leisure Drive Waxhaw, NC 28173 Summerfield Tire and Service 27299 Waxhaw Parkway e. Election Sum to Date Waxhaw, NC 28173 500.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 07/14/16 500.00 П \$ \$ 3. Contributor Information Add Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments CEO/PRESIDENT (include city, state, & zip) PHILLIP BROOKS c. Employer's Name/Specific Field 1740 CAMDEN ROAD MARSHVILLE, NC 28103 BROOKS SALES, INC. **HWY 74** e. Election Sum to Date WINGATE, NC 28174 250.00 i, In-Kind Description f. Prior g. Account Code h. Form of Payment j. Date (mm/dd/yyyy) k. Amount CHECK 08/08/2016 \$ 250.00 \$ \$ Add □ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Retired FARMER Freida Starnes RECEIVED OCT 3 1 2016 c. Employer's Name/Specific Field 1511 Circle S Ranch Road Monroe, NC 28112 e. Election Sum to Date \$ 900.00 h. Form of Payment Of Electifical Description f. Prior g. Account Code j. Date (mm/dd/yyyy) k. Amount \$ 08/23/2016 Check 900.00 S \$ 4. Total only this Page \$ 1,450.00 5. Total of ALL CRO-1210 Pages \$ 5250.00 (This line must be on line 6 of Detailed Summary Page CRO-1100)

Contr	ibutions fro	n Individuals	EC	EIVED	<u>2</u> of	4_	Amendmen Yes	t No
OSC IIIS I	om to report mus	viduai contributions (	111	Joi cantibutions un	der \$50 if form CR			
1. Comm	iittee Full Name (	and Fund if applica	ble)	Las Clactions		2. ID Nur	nber	
ELECT I	DENNIS RAPE	Unio	on Co. B	oard of Elections			DR0616	
3. Contri	butor Informatio	)n	8	Add 🔲 Re	emove	6 S & 5 Ko S		
a. Full Nan	ne, Mailing Address é	& Phone		b. Job Title/Profession	1	d. Commen	ts	
	city, state, & zip)	• • • • • • • • • • • • • • • • • • • •		VICE PRESIDEN				•
CHAD S'				TURKEY GROW				
	CLES RANCH F	ROAD		c. Employer's Name/S				
MUNKO	E, NC 28112			CIRCLE S RANG	Ж	a Flastion i	Puru to Data	
						\$	Sum to Date 800.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-F	Kind Description	j. Date (mm/dd/y)	<u> </u>	k. Amount	
		CHECK	İ		08/24/2	016	\$	800.00
							\$	
				181.140.15			\$	
3. Contri	butor Informatio	)n	i In	Add   Re	emove			
a. Full Nan	ae, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	ts	7 <u> </u>
(include	city, state, & zip)	· ·		VICE PRESIDEN	IT		- ( <del>- ( - ( - ( - ( - ( - ( - ( - ( - (</del>	· · · · · · · · · · · · · · · · · ·
TRAVIS	STARNES			FARM OPERAT	IONS			
	CLE S RANCH F			c. Employer's Name/S				
MONRO	E, NC 28112 281	112		CIRCLE S RANC	CH			
						e. Election S	Sum to Date	
						\$	800.00	
f, Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
		СНЕСК			08/24/2	016	\$	800.00
							\$	
							\$	
3. Contri	butor Informatio	n		Add 🔲 Re	emove			
a. Full Nan	ie, Malling Address é	& Phone		b. Job Title/Profession	1	d. Commen	ts	
	city, state, & zip)			RETIRED SCHO	OL TEACHER			
	H LAWRENCE				74	_		
	T JEFFERSON S	TREET		c. Employer's Name/S	specific Field	-		
MONRO	E, NC 28112					e. Election S	Sum to Date	
						\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
		СНЕСК			09/08/2	016	\$	200.00
							\$	
							\$	
4. Total	only this Page	e				\$		1800.00
5. Total	of ALL CRO	-1210 Pages					*	5050.00

(This line must be on line 6 of Detailed Summary Page CRO-1100)

5250.00

\$

		m Individuals		RECEIVE	) <u> </u>		Amendmen Yes	
Use this	form to report ind	ividual contributions	over \$50	or contributions and	er \$50 if form CI	RO 1205 is n	ot used	
1. Comn	nittee Full Name	(and Fund if applica	Total Control			2. ID Nu	mber	
Elect De	nnis Rape		Un	ion Co. Board of Electio	ns		DR6216	
000000000000000000000000000000000000000	ibutor Informati			Add 🗌 Rer	nove			
	me, Mailing Address	& Phone	- 1	b. Job Title/Profession		d. Commen	its	
	city, state, & zip) RLES GRIFFIN		·	PRESIDENT/CEO				
	IONVILLE-BRIE	EF ROAD		c. Employer's Name/Sp	ecific Field	-		
	E, NC 28110	a none		GRIFFIN FARM N		-		
						e. Election	Sum to Date	
						\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
		CHECK			09/29/2	2016	\$	500.00
							\$	
	•						\$	
3. Contr	ibutor Informatio	on		Add 🗌 Ren	nove			
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts	0-15 B4-0-3-7-CM-00-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
	city, state, & zip)	· · · · · · · · · · · · · · · · · · ·		HOUSEWIFE				
	EEN L. HEINTEL RICIANS LANE	,		c. Employer's Name/Sp	saifia Field	-		
	CHAPEL, NC 2	28110-8137		C. Employer s Pantersp	ceme riesa	-		
	,					e. Election S	Sum to Date	
						\$	250.00	
f, Prior	g. Account Code	h. Form of Payment	i. In-F	and Description	j. Date (mm/dd/y	ууу)	k. Amount	
		СНЕСК			09/22/2	2016	\$	250.00
							\$	
							\$	
and the state of t	butor Informatio	er dan utter steden er der der det er er blick der det de de de er er beteken er de beseit de beteken beteken		Add Ren	iove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	ts	
	city, state, & zip) OBISON III			DISTRICT ATTOR	RNEY			
	ORNRIDGE DR	UVE		c. Employer's Name/Sp	ecific Field	-		
	TRIAL, NC 280			UNION COUNTY ATTORNEY		-		
	,,,			THE CANAL P		e. Election S	Sum to Date	<del>- · · · · · · · · · · · · · · · · · · ·</del>
				:		\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description	j. Date (mm/dd/y	ууу)	k. Amount	<del></del>
		CHECK			09/27/2	016	\$	100.00
							\$	
							\$	<del></del>
4. Total	only this Page	0				\$		850.00
5. Total	of ALL CRO	-1210 Pages						
		Detailed Summary Page C	RO-1100,		r Group Council Hotology Co	\$		5250.00

Amendment

**Contributions from Individuals** 

· re.e	NOW	Œ	IVED				Amen	dment		
	A A =	0.4	Pg	4	of	4_		Yes	$\boxtimes$	No

Use this form to report individual contributions over \$50 QQ ndibut and	er \$50 if form CRO	) 1205 is no	t used	
1, Committee Full Name (and Fund if applicable)		2. ID Num	ber	
Union Co. Board of Election ELECT DENNIS RAPE	\$		DR6216	
3. Contributor Information	move			
a. Full Name, Mailing Address & Phone b. Job Title/Profession		d. Comments	September of the second	
(include city, state, & zip) EXECUTIVE VIC	E PRESIDENT			
JOSH HUFFSTETLER				
P.O. BOX 6460 c. Employer's Name/S <sub>I</sub> THOMASVILLE, GA. 31758-6480 TERRAMORE DE				
THOMASYILLE, GA. 31/30-0400 TERRAMORE DE	MEDOLMENT	e, Election S	um to Date	
		\$	900.00	
f. Prior g. Account Code h. Form of Payment i. In-Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
СНЕСК	10/03/20	)16	\$	900.00
			\$	
			\$	
	move			
a. Full Name, Mailing Address & Phone b. Job Title/Profession		d. Comments	ş	
(include city, state, & zip) PRESIDENT/CEC				
R.T. DICKSON, JR  SOFTWARE TEC				
4719 WEDDINGTON ROAD  c. Employer's Name/Sp	pecific Field			
MONROE, NC 28110		e. Election Si	um to Nate	
	1			
S.D.J. Account Co.d. L. D	T . B . 4 . (m (12)	\$	50.00	
f, Prior g. Account Code b. Form of Payment i. In-Kind Description	j. Date (mm/dd/yy)	<del></del>	k. Amount	
☐ CHECK	10/05/20	)16	\$	50.00
			\$	·
			\$	
3. Contributor Information Add Re	move			
a. Fuli Name, Mailing Address & Phone b. Job Title/Profession		d. Comments	5	
(include city, state, & zip)  REAL ESTATE B	ROKER			
JAMES MAXWELL KERR P.O. BOX 783 c. Employer's Name/Sp				
MONROE, NC 28111	pecinc Field			
MONIOE, NO 20111		e. Election S	um to Date	
	1	\$	200.00	
f. Prior g. Account Code h. Form of Payment i. In-Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
☐ CHECK			\$	200.00
	10/10/20	)16 	Ψ	
	10/10/20	016	\$	
	10/10/20	016		
4. Total only this Page	10/10/20	\$	\$	1150.00

T	oa	n	P	۲A	e	բբ	d	S
				9 37		$\sim$	ч	100

Pg 1 of 1 Yes No

A loan proceeds states	nent must accompany each	loan that is from an indi	vidual D	
1. Committee Full Na	ame (and Fund if applical			ID Number
ELECT DENNIS RA	PE			DR6216
		Union Co. Boar	d of Elections	
3. Lender Information		⊠ Add	<u>.</u>	Remove
a. Full Name, Mailing Add		b. Job Title/Profe RETIRED ED		d. Comments
(include city, state, & zi		KETIKED ED	UCATOR	
1417 CROWN FORE				e. Start Date (mm/dd/yyyy)
MONROE, NC 2811		c. Employer's Na	ne/Specific Field	01/01/2016
,			-	
				f. End Date (mm/dd/yyyy)
				10/23/16
g Data	h. Security Pledged	i. Account Code	j. Form of Payme	
g. Rate	NONE	1. Account Code	1	
0 %	TOTAL		CHECK	\$ 12,725.00
I. Full Name of Lending I	istitution	<b>'</b>	— I	m. Loan Number
		enderligt skaat om killerinne skrivelik i Soom tit miklim klassolage (il. 1842 – spoletik et inspers entist kl		
4. Endorsers/Makers				
a. Full Name, Mailing Ad		b. Job Title/Pro		c. Employer's Name/Specific Field
(include city, state, & zi	p)	RETIRED T		SOLE
1417 CROWN FORE	CT I AND	COMMERC		PROPRIETOR
MONROE, NC 2811		MANAGER		
mornton, no zon	2 / 021	d. Percentage	•	c. Amount
			0 %	\$ 12,725.00
a. Full Name, Mailing Ad	dress & Phone	b. Job Title/Pro	ofession	c. Employer's Name/Specific Field
(include city, state, & zi	р)			
		:		
		d. Percentage		e. Amount
			0/	6
			%	\$
a. Fuli Name, Mailing Ad		b. Job Title/Pro	ofession	c. Employer's Name/Specific Field
(include city, state, & zi	p)			
		d. Percentage		e. Amount
			0.1	
			%	\$
a. Full Name, Mailing Ado	iress & Phone	b. Job Title/Pro	ofession	c. Employer's Name/Specific Field
(include city, state, & zi	p)			
		d. Percentage		e. Amount
			%	\$
5. Total of ALL C	'RO-1410 Pages			
	e 9 of Detailed Summary Page (	PRO-1100)		\$ 12,725.00



Union Co. Board of Elections State Board of Elections
441 N Harrington Street
Raleigh, NC 27603

Kim Westbrook Strach Executive Director Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173

# **Loan Proceeds Statement**

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form

•	Name of committee to receive loan: Elect Dennis Rape
•	Person or committee to make loan: JAmes Dennis Rape
•	Date of loan to committee: 7   16
•	Name of lending institution and account number (source):
	JAMES DENNIS RADE
•	Amount of loan: 12,725,00
•	Description (if in-kind loan):
•	Names of all parties responsible for payment of loan (guarantors):
	JAMES DENNIS Rape
	,
•	Period of loan: 12-31-16
•	Rate of interest of loan:
•	Security pledged for loan: None
th	Thres Denois Rope, acknowledge that all of the information (Person lending money to committee) ovided is complete, true, and accurate. I further understand I may not forgive a loan at has an outstanding balance to any source.  **Community Community Communi
7	gnature of Treasurer of Committee Date Signed
/OI	gnature of freasurer of Committee Date Signed

Note: This Statement is to be filed with the Election Board where the committee's reports are filed.

CRO-6100

Loan Proceeds Statement

July 2014

Amendment  $\boxtimes$ 

No

,,-,	ull Name (and Fun	d if applicable)				2. ID Number			
	ELECT DENNIS RAPE Union Co., Board of Elections DR6216								
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)									
Operating E	<u></u>	Contributions to Car	ndidates/Political Committees	Coo	rdinate	d Party Expenditures			
4. Payee Inform	iation		Add [	Remove					
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee Na	ame j	d. Co	mments			
(include city, state,					PAF	PER CHECKS			
FIFTH THIRD									
CHARLOTTE A	AVE.		c. Level Registered (Specify)		1				
MONROE, NC	28112		Federal 🖂	County:					
			State	Municipality:	e. Ele	ection Sum to Date			
				-	<b>!</b>	129.44			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Remarks			
				1	-	NTED CHECKS			
1	DDA	0	07/06/16	\$28.99	****	(IDD CILLOIS			
1	DDA	^	10/22/16	\$100.45	MOI	NTHLY FEES			
1	DDA	0	10/23/16	\$100.45	1	VICE CHARGES			
4. Payee Inform	iation		Add	Remove					
	ing Address & Phone		b. Coordinated Committee Na	Copy Consumers Copy (Copy Copy Copy Copy Copy Copy Copy Copy	d. Co	mments			
(include city, state,	_	e de la companya del companya de la companya del companya de la co		1		MPAIGN WORK			
LARS KNAPP	<u></u>			1					
655 POWDER I	HORN LN.		c. Level Registered (Specify)						
INDIAN TRAII			Federal	County:	1				
IIIDIMI HAM	2,110 20075		State	· · · · · · · · · · · · · · · · · · ·	e. Election Sum to Date				
				Municipality:	e, Eit	ction sum to date			
	1					150.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount		quired Remarks			
1	СНЕСК	A	08/04/2016	\$150.00	WEE	BSITE WORK			
				\$					
4. Payee Inform	iation		Add	Remove					
	ng Address & Phone	1 to the Control of t	b. Coordinated Committee Na		d. Co	mments			
(include city, state,	-	!							
USPS	X Lip		1	ļ					
		!	c. Level Registered (Specify)						
MONROE, NC		!	Federal 🖂	County:					
MOINGL, NO		I	State	Municipality:	^ Fle	ection Sum to Date			
		!	LI State	Municipality.	e. Eic	CHOH SUM to DATE			
		!		ļ	\$ 1	150.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Remarks			
				<del>                                     </del>		TAGE/MAILER			
POSTAGE	CHECK	G	10/10/2016	\$150.00	, , , ,				
				6					
	The state of the s			\$					
5. Total only thi					\$	429.44			
	CRO-1310 Pages	eri-roj-seguentario		na process processors and processors					
			0 if Operating Expenses)	j	\$	17775.74			
			0 if Contrib to Candidates/Politice		Ф	11/13.14			
			0 if Coordinated Party Expenditus	res)					
	es (List detailed exp	penditure code in /	(h.) above)		990 (20) (38) 3				
A* - Media	B* - Printing	C* - Fund		D - To Anothe	r Cand	lidate			
E - Salaries	F* - Equipment					Office Expenses			
I - Postage	J - Penalties	K* - Offic	ce Expenses	Q* - Donatior	1 to Le	egal Expense Fund			
O* - Other					650 (Chinasa				
^ Codes require	e detailed explanati	on in required re	emarks neid (k)						

Disbursements	Di	sh	n.	ser	ner	ıts
---------------	----	----	----	-----	-----	-----

Amendment of 5 Yes

Use this form to report expenditures from the comm	nittee for operating expenses, contributions to candidate/politica	i
committees and coordinated party expenditures.	0.4.0010	

1. Committee F	ull Name (and Fund S RAPE	l if applicable)		<b>८८</b> ि ५	ZUIC	<b>J</b>			2. ID Number DR6216
3. Type of Disbi		se use separate Ci	RO.	rerofaellost	dollo	cw	D of Dishursemi	onst 1	
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	es (List detailed ex				b 185 55 75			V-80.00	
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Disbursements				Pg	<u>3</u>	of 5	Yes Yes	$\boxtimes$	No
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Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures. 1. Committee Full Name (and Fund if applicable) 2. ID Number **ELECT DENNIS RAPE** DR6216 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures 4. Payee Information Add Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone **POSTAGE** (include city, state, & zip) RECEIVED **USPS** CHARLOTTE AVE. c. Level Registered (Specify) MONROE, NC 28112 OCT 3 1 2016 Federal 図 County: Municipality: State e. Election Sum to Date Union Co. Board of Elections 150.00 g. Form of Payment h. Purpose Code f. Account Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks 1 CHECK I 10/11/16 \$150.00 4. Payee Information Add Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone ADVERTISING (include city, state, & zip) HOME NEWS 123 EAST UNION STREET c. Level Registered (Specify) MARSHVILLE, NC 28103 Federal County: State Municipality: e. Election Sum to Date \$ 180.00 h. Purpose Code f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) k. Required Remarks j. Amount CAMPAIGN AD 1 CHECK A 10/17/2016 \$180.00 IN HOME NEWS \$ 4. Payee Information Add Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone ADVERTISING ON (include city, state, & zlp) WCWAA PLAYER UNIFORMS 5211 MONROE-WEDDINGTON HWY. c. Level Registered (Specify) MONROE, NC 28110 Federal 冈 County: State Municipality. e. Election Sum to Date \$ 250.00 f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks **UNIFORMS WITH** 1 **CHECK** A 09/19/16 \$250.00 CANDIDATE INFO. \$ 5. Total only this Page \$ 580.00 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 17775.74 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 7. Purpose Codes (List detailed expenditure code in (h.) above) A\* - Media B\* - Printing C\* - Fundraising D - To Another Candidate E - Salaries F\* - Equipment G - Political Party H\* - Holding Public Office Expenses I - Postage J - Penalties K\* - Office Expenses Q\* - Donation to Legal Expense Fund

O\* - Other

Codes require detailed explanation in required remarks field (k)

Dis	bursement	ts
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Amendment

No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

	ull Name (and Fun	d if applicable)			2. ID Number
ELECT DENNI					DR6216
3. Type of Disbi			RO-1310 forms for each t		
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4. Payee Inform			Add	Remove	
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(include city, state,					PAPER MAPS
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HUMANE SOC	NETY OF UC				ADVERTISING
PO Box 101. M	onroe, NC 28111.		c. Level Registered (Specify)		
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	line 13a of Detailed Sum	mary Page CRO-1100	) if Onerating Expenses)		
			) if Contrib to Candidates/Politic	al Comm)	\$ 17775.74
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	es (List detailed exp		<u> </u>	/	
A* - Media	B* - Printing	C* - Fund		D - To Anothe	er Candidate
E - Salaries	F* - Equipment				Public Office Expenses
I - Postage	J - Penalties		e Expenses		n to Legal Expense Fund
O* - Other	× = 4 · · · · · · · · · · · · · · · · · ·				
* Codes require	e detailed explanati	on in required re	marks field (k)		

			Amendment
Disbursements	Pg	5 of 5	Yes N

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political

committees and coordinated party expenditures. 1. Committee Full Name (and Fund if applicable) 2. ID Number **ELECT DENNIS RAPE** DR6216 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures 4. Payee Information Add Remove b. Coordinated Committee Name a. Full Name, Mailing Address & Phone d. Comments **CONTRIBUTION TO** (include city, state, & zip) JOE MORREALE **CANDIDATE** RECEIVE D Level Registered (Specify) 1020 ELSMORE DRIVE MATTHEWS, NC 28104 Federal 図 County: OCT 3 1 2016 State Municipality: e. Election Sum to Date 250.00 Union Co. Board of Elections h. Purpose Code f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) j. Amount k. Required Remarks **CAMPAIGN** 1 **CHECK** D 09/27-16 \$250.00 CONTRIBUTION. 4. Payee Information Remove b. Coordinated Committee Name a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) c. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date h. Purpose Code f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) k. Required Remarks j. Amount \$ \$ 4. Payee Information Add Remove b. Coordinated Committee Name a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) c. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date f. Account Code b. Purpose Code g. Form of Payment i. Date (mm/dd/yyyy) k. Required Remarks j. Amount \$ \$ 5. Total only this Page \$ 250,00 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 17775.74 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 7. Purpose Codes (List detailed expenditure code in (h.) above) A\* - Media B\* - Printing C\* - Fundraising D - To Another Candidate E - Salaries F\* - Equipment G - Political Party H\* - Holding Public Office Expenses J - Penalties I - Postage K\* - Office Expenses Q\* - Donation to Legal Expense Fund O\* - Other

\* Codes require detailed explanation in required remarks field (k)

## **Outstanding Loans**

				Amen	dment		ĺ	
Pg	1	of	<u>1</u>		Yes	$\boxtimes$	No	

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

		electrical encountries		
1. Committee Full Na	2. ID Number			
ELECT DENNIS RA	DR6216			
3. Lender Informatio	on 🗍 Add	A	□ Remove	
a, Full Name, Mailing Add	d. Comments			
(include city, state, & zi	<b>-</b>		itle/Profession RED STATE EMPLOY	u. connents
JAMES DENNIS RA			MERCIAL REAL	
1417 CROWN FORE	1		TE OWNER	e. Start Date (nm/dd/yyyy)
MONROE, NC 2811	2-9021 RECEIVE	c. Emplo	yer's Name/Specific Field	
	01/01/16			
	f. End Date (mm/dd/yyyy)			
	06/30/16			
g. Rate	h. Security 1424 Qui Board of Elec	tions	i. Original Loan Amount	j. Remaining Loan Balance
0 %	NONE		\$ 150.00	\$ 150.00
k. Full Name of Lending I				l. Loau Number
JAMES DENNIS RA	PE			1
3. Lender Informatio	n Add	de e	Remove	
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JAMES DENNIS RA			MERCIAL REAL	
1417 CROWN FORE	<u>}</u>		TE OWNER	e. Start Date (mm/dd/yyyy)
MONROE, NC 2811	2-9021	e. Emplo	yer's Name/Specific Field	07/01/16
				f. End Date (mm/dd/yyyy)
				10/23/16
g. Rate	h. Security Pledged	i. Original Loan Amount \$ 12,725.00		j. Remaining Loan Balance
0 %	NONE			\$ 12,725.00
k. Full Name of Lending In				l. Loan Number
JAMES DENNIS RA	PE			2
3. Lender Informatio	n 🗌 Ado	1	Remove	I .
a. Full Name, Mailing Add	ress & Phone	b. Job Ti	itle/Profession	d. Comments
(include city, state, & zij	o)			
				e. Start Date (mm/dd/yyyy)
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-/ # 21 1 22 5				0 10 075 00
4. Total only this Pag 5. Total of ALL CRO				\$ 12,875.00
	-1450 Fages 221 of Detailed Summary Page CRO	-1100)		\$ 12,875.00